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UNITED STATES

SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549

FORM JUL 2 9 2004

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OMB APPROVAL

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Confidential Investment Summary -- MediGain, Inc. / \$750,000 Private Placement / 15 Investment Units, Each Unit Consisting of 166,667 Shares of Common Stock and 333,333 Shares of Series A Senior Redeemable Preferred Stock / \$50,000 Per Unit ULOE Rule 505 Rule 506 Section 4(6) Filing Under (Check box(es) that apply): X Rule 504 冈 Type of Filing: New Filing Amendment BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) MediGain, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (214) 952-6602 3523 McKinney Avenue, No. 206, Dallas, Texas 75204 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different Telephone Number (Including Area Code) from Executive Offices) N/A Brief Description of Business Medical collections, billing, and back office processes Type of Business Organization limited partnership, already formed corporation business trust limited partnership, to be formed other (please specify): Month Year 0 0 4 Estimated Actual or Estimated Date of Incorporation or Organization: 1 (Enter two-letter U.S. Postal Service Abbreviation for State: Jurisdiction of Incorporation or Organization: CN for Canada; FN for other foreign jurisdiction) **GENERAL INSTRUCTIONS**

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC II	DENTIFICATION DATA	<u> </u>	· · · · · · · · · · · · · · · · · · ·
 Each deneficial owner Each executive office 	issuer, if the issuer her having the power to	has been organized within the ovote or dispose, or direct the porate issuers and of corporate issuers and corporate issuers and of corporate issuers and of corporate issue	e past five years; he vote or disposition of, 10% ate general and managing par	6 or more of a class of tners of partnership iss	equity securities of the issuer; suers; and
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer		General and/or Managing Partner
Full Name (Last name first, if	individual)	. <u> </u>		- 	
Gunawardena, Mel		· <u> </u>			
Business or Residence Addres	s (Number and Stree	et, City, State, Zip Code)			
3523 McKinney Avenue, No.	206, Dallas, Texas	5 75204			
Check Box(es) that Apply:	Promoter	■ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Covelli, Nick					
Business or Residence Addres	s (Number and Stree	et, City, State, Zip Code)			
3523 McKinney Avenue, No.	206, Dallas, Texas	75204			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)			· · · · · · · · · · · · · · · · · · ·	
Howard, Hunter	,				
Business or Residence Address	s (Number and Stree	et, City, State, Zip Code)			
3523 McKinney Avenue, No.					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Stree	et, City, State, Zip Code)			
	(Use blank	k sheet, or copy and use ac	ditional copies of this shee	t, as necessary)	

				В.	INFOR	MATION	ABOUT O	FFERING				
1. Has	the issuer sold,	or does the i	ssuer intend t	o sell, to no		investors in t	his offering?				Yes	No ⊠
2. Wha	t is the minimu	ım investmer	nt that will be								\$	50,000
2 D.	Alexander of the second			.:							Yes	No
	the offering parties the information										Ø	
remu perso than	neration for so on or agent of a five (5) person or only.	licitation of problem of the broker or de	purchasers in ealer registere	connection to the S	with sales of: EC and/or wi	securities in th a state or	the offering. states, list the	If a person to name of the	be listed is broker or de	an associated aler. If more		
Full Name	(Last name fir	st, if individ	ual)									
N/A	r Residence A	ddrass (Num	har and Straat	City State	7in Code)							
Dusiness	r Residence A	notess (14mm	bei and Street	i, City, State	, Zip Code)							
Name of A	ssociated Brol	ker or Dealer										
States in V	Vhich Person L	isted Has So	licited or Inte	nds to Solic	it Purchasers							
(Check	"All States" or	check indivi	duals States)								ΠA	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	(IN)	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[נאז]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[wi]	[WY]	[PR]
Full Name	(Last name fir	st, if individu	ıal)								· · · · · · · · · · · · · · · · · · · 	
Business o	r Residence Ad	idress (Numi	per and Street	, City, State	, Zip Code)							
Name of A	ssociated Brok	ter or Dealer						· 				
States in V	hich Person L	isted Has So	licited or Inte	nds to Solici	t Purchasers							
	"All States" or						************	•••••			☐ A	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	{OK}	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[TU]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name fir	st, if individu	ıal)									
Business o	r Residence Ac	Idress (Numb	per and Street	, City, State,	Zip Code)							
Name of A	ssociated Brok	er or Dealer										
States in W	hich Person L	isted Has Sol	icited or Inter	nds to Solici	t Purchasers							
	"All States" or										ПА	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	E OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$0	\$0
	Equity	\$0	\$0
	Common Preferred		
	Convertible Securities (including warrants)	\$0	\$0
	Partnership Interests	\$0	\$0
	Other (Specify Investment Units, each unit consisting of 166,667 shares of Common Stock and 333,333	¢ 750,000	Φ 450 000
	shares of Series A Redeemable Preferred Stock)		\$ 450,000
	Total	\$750,000	\$450,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited investors	5	\$ 450,000
	Non-accredited Investors		\$ 0
	Total (for filings under Rule 504 only)	5	\$450,000
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$0
	Regulation A	0	\$0
	Rule 504	Common and Preferred Stock	\$ 450,000
	Total	Common and Preferred Stock	\$450,000
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs	⋈	\$100
	Legal Fees	\boxtimes	\$ 30,000
	Accounting Fees		\$0
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)		\$0
	Other Expenses (identify) Prospective investor meetings	\boxtimes	\$1,000
	Total	⊠	\$31,100

	total expenses furnished in response to	gregate offering price given in response to Part C - Question 1 and Part C - Question 4.a. This difference is the "adjusted gross"			\$	718,900
,	of the purposes shown. If the amount	sted gross proceeds to the issuer used or proposed to be used for e for any purpose is not known, furnish an estimate and check the the payments listed must equal the adjusted gross proceeds to the is- on 4.b above.	box			
			Office	nyments to rs, Directors & Affiliates		ments To Others
	Salaries and fees		. 🛛 🖫	160,000	⊠ \$_	110,000
	Purchase of real estate		. 🗆 \$ _	0	□ \$_	0
	Purchase, rental or leasing and installa	ation of machinery and equipment	. 🗆 \$_	0	S _	0
	Construction or leasing of plant buildi	ngs and facilities	. 🗆 \$_	0	" \$_	0
		ding the value of securities involved in this offering that may be arities of another issuer pursuant to a merger)	. 🗆 \$_	0	□ \$_	0
	Repayment of indebtedness		. 🗆 \$_	0	S _	0
	Working capital		. □ \$_	0	⊠ \$_	448,900
	Other (specify):		. 🗆 \$_	0	□ \$ _	0
	Column Totals		. ⊠ \$_	160,000	⊠ \$_	558,900
	Total Payments Listed (column t	otals added)		⊠ \$ <u>71</u>	8,900	
		D. FEDERAL SIGNATURE		, 1. %. k. 2. 2. 4		
undert	aking by the issuer to furnish the U.S. S lited investor pursuant to paragraph (b)(2		the infor			
	r (Print or Type) Gain, Inc.		Date uly 21, 20	04		
	of Signer (Print or Type)	Title of Signer (Print or Type)	,,			
	r Howard	Secretary and Chief Operating Officer				

Intentional Misstatements or Omissions of Fact Constitute Federal Criminal Violations. (See 18. U.S.C. 1001.)

		E. STATE SIGNATURE			
1.	Is any party described in 17 CFR 230.262 present	ently subject to any of the disqualification provision	Yes	No ⊠	
		See Appendix, Column 5, for state response.			
2.	The undersigned issuer hereby undertakes to fu 239,500) at such times as required by state law	rnish to any state administrator of any state in whice	h this notice is filed, a notice on	Form D (17 CFR
3.	The undersigned issuer hereby undertakes to fu	rnish to the state administrators, upon written reque	est, information furnished by the	issuer to	offerees.
4.		er is familiar with the conditions that must be satisficative is filed and understands that the issuer claiming isfied.			0
	e issuer has read this notification and knows the contribution of the contribution is seen to be seen as a	ontents to be true and has duly caused this notice to	be signed on its behalf by the u	ndersigned	i duly
Issi	uer (Print or Type)	Signature / A	Date		
Me	diGain, Inc.	Huter Toward	July 21, 2004		
Nai	me of Signer (Print or Type)	Title of Signer (Print or Type)			

Secretary and Chief Operating Officer

Instruction:

Hunter Howard

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1		2	3			5				
•	investors in		accredited Type of security and restors in aggregate offering Type of investor and price offered in state amount purchased in State (Part C – Item 1) (Part C – Item 2)				hased in State waiver -Item 2) (Part E			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL		X								
AK		X							<u> </u>	
ΑZ		X					······································			
AR		Х								
CA	<u> </u>	Х								
CO		Х			· , , , , , , , , , , , , , , , , , , ,				 	
CT	1	X							 	
DE		X							 -	
DC		X							 	
FL	1	X						 	 	
GA		X							 	
HI		X							 	
ID		X				1			 	
IL		X	Common and Preferred Stock \$750,000	1	200,000	0	. 0		X	
IN		X			 					
ΙA		X								
KS		X								
KY		X								
LA		X			······································		······································			
ME		X								
MD		X								
MA		Х								
MI		Х					······································			
MN		Х			, 					
MS		Х				1				
МО		X						 		
MT		X	;			 				
NE		X								
NV		X							 	

1	T :	2	3			4		5		
	investors in State		non-accredited Type of security and aggregate offering				Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL	1	X								
AK		X								
AZ		Х								
AR		Х								
CA		Х								
СО	 	Х								
CT		Х			· · · · · · · · · · · · · · · · · · ·					
DE	†	X								
DC		X								
FL	 	Х								
GA		Х					· 			
HI		X								
ID		X								
IL		Х	Common and Preferred Stock \$750,000	1	200,000	0	0		X	
IN		Х								
ΙA		Х								
KS		X								
KY		X								
LA		Х								
ME		Х								
MD		Х								
MA		Х								
MI		х								
MN		Х								
MS		Х								
МО		Х								
MT		Х								
NE		X								
NV		Х								

APPENDIX

1	T	2	3		4					
	non-ac inves St	to sell to credited tors in cate -Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)	Type of security and aggregate offering Type orice offered in state amount		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NH	1	X								
NJ		Х								
NM		X								
NY		Х	Common and Preferred Stock \$750,000	1	100,000	0	0		X	
NC		X								
ОН		X								
OK		X								
OR		Х								
PA		X								
RI		X								
SC		Х								
SD		X								
TN		X								
TX		Х	Common and Preferred Stock \$750,000	3	150,000	0	0		X	
UT		X								
VT		Х								
VA		X				1	······································	 		
WA		Х			 					
WI		Х			·		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
WY		Х					·			
PR		Х					· · · · · · · · · · · · · · · · · · ·			